

**Return Completed Form to:****MADAP****500 N. Calvert Street, 5th Floor****Baltimore, MD 21202****Confidential Fax: (410) 333-2608****Phone: (410) 767-6535****MADAP Office Use Only**

Date Received: \_\_\_\_\_ MADAP Exp.: \_\_\_\_\_

Authorized: \_\_\_ Yes \_\_\_ No Initials: \_\_\_\_\_

Updated in System: \_\_\_ Yes \_\_\_ No

**Initial MADAP request for peginterferon alfa 2a or peginterferon alfa 2b & oral ribavirin**Client Name \_\_\_\_\_ MADAP ID Number: 94 \_\_\_\_\_

**Instructions:** In order for a MADAP client to receive peginterferon alfa 2a or 2b and ribavirin, the client's MADAP certification must be current with a minimum of 12 months remaining, and certain medical criteria must be met. For an assessment of the medical criteria, the prescribing clinician must complete and submit this form for consideration of eligibility.

Patients must be diagnosed with Hepatitis C which in the judgment of the clinician can be expected to be eradicated (treat to cure). Treatment for histological benefit alone is not eligible (not for maintenance). At 90-day intervals, the clinician must submit the *Continued MADAP approval of peginterferon alfa 2a or 2b & ribavirin* form for MADAP to evaluate the client's eligibility for continued MADAP support.

**1. Medical history and current status:****Check All that Apply****The Clinician Certifies:**

Patient's ability to adhere to treatment

Patient is using Contraception

No severe depression or current suicidality

No current excessive alcohol use

No evidence of: Carcinoma, Hemochromatosis, Hepatoma, Decompensated End Stage Liver Disease  
(no concurrent significant liver disease)**For Females Only:**Negative Pregnancy Test at  
initiation of therapy**2. Clinical & Laboratory Results**

A. Current HCV/RNA Level \_\_\_\_\_ Date reported \_\_\_\_\_

B. Acute HCV: Yes \_\_\_ No \_\_\_ (Liver biopsy not needed if patient has acute HCV)

C. HCV Genotype \_\_\_\_\_ (Liver biopsy not needed for Genotypes 2 &amp; 3)

D. Liver Biopsy date \_\_\_\_\_ (Submit copy of results)

**3. Other HCV Treatment Information**

Dates of prior treatment with peginterferon alfa 2a or 2b &amp; ribavirin: Start \_\_\_\_\_ End \_\_\_\_\_

Treatment: Was Successful \_\_\_\_\_ Failed \_\_\_\_\_

Note: MADAP will only pay for one course of treatment per client per lifetime.

**4. Patient will be prescribed:** \_\_\_ peginterferon alfa 2a or \_\_\_ peginterferon alfa 2b**5. Patient is expected to take HIV medications during HCV Treatment:** Yes \_\_\_ No \_\_\_

Clinician Name: \_\_\_\_\_

DEA #: \_\_\_\_\_

Address: \_\_\_\_\_

License Number &amp; State: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date \_\_\_\_\_